



**INSTRUCTIONS:** Return **signed original** to:  
**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: SOUMARY VONGRASSAMY**  
**DIVISION FOR READING AND STUDENT ACHIEVEMENT**  
**OFFICE OF EDUCATIONAL ACCOUNTABILITY**  
**P.O. BOX 7841**  
**MADISON, WI 53707-7841**

### I. GENERAL INFORMATION

Supplemental Educational Services (SES) Provider	FEIN or Social Security Number
SES Provider's Mailing Address <i>Street, City, State, ZIP</i>	Telephone <i>Area/No.</i>

### II. ASSURANCES

**By checking the box accompanying each statement, the applicant agrees to:**

1. ☐ Provide parents of children receiving SES and the appropriate LEA with information regarding the child(ren)'s progress in increasing achievement, in a format and, to the extent practicable, a language that the parents can understand.
2. ☐ Ensure that its instruction and content are consistent with instruction and content of the appropriate LEA(s) and aligned with Wisconsin's academic standards.
3. ☐ Meet all applicable federal, state, and local health, safety, and civil rights laws.
4. ☐ Ensure that all instruction and content are secular, neutral, and non-ideological.
5. ☐ Ensure that it is financially sound.
6. ☐ Comply with a Wisconsin Department of Justice criminal background check for all individuals who provide instruction "that shows no previous criminal activity that would endanger the health, safety, welfare, or education of any pupil".
7. ☐ Ensure compliance with the Family Educational Rights and Privacy Act (FERPA) of 1975, as amended, and any regulations issued thereunder.
8. ☐ Enter into an agreement with the LEA. This agreement shall include the following:
  - a) ☐ Specific achievement goals for the student, which must be developed in consultation with the student's parents;
  - b) ☐ A description of how the student's progress will be measured and how the student's parents and teachers will be regularly informed of that progress;
  - c) ☐ A timetable for improving the student's achievement that, in the case of a student with disabilities must be consistent with the student's individualized education program under section 614(d) of the Individuals with Disabilities Education Act (IDEA) and in the case of a student covered under Section 504, must be consistent with the provision of an appropriate education under Section 504;
  - d) ☐ A provision for termination of the agreement if the provider fails to meet student progress goals;
  - e) ☐ Provisions governing payment for services by the LEA;
  - f) ☐ A provision prohibiting the provider from disclosing to the public the identity of any student eligible for or receiving supplemental educational services without the written permission of the student's parents; and,
  - g) ☐ An assurance that supplemental educational services will be provided consistent with applicable civil rights laws.
9. ☐ Refrain from providing incentives to students for signing up to receive services from the provider.
10. ☐ Limit incentives for student achievement and attendance to only educational items such as books or educational software.
11. ☐ Comply with all future requests for additional information from the Department of Public Instruction.
12. ☐ Provide evidence of comprehensive general liability insurance upon request.
13. ☐ Publish student:tutor ratio information on flyers, websites, and any written or verbal communication that is disseminated regarding Supplemental Educational Services.
14. ☐ Publish education level and qualifications of the providers' tutors on flyers, websites, and any written or verbal communication that is disseminated regarding Supplemental Educational Services.

### III. FINANCIAL SOUNDNESS

*In order to be considered for the list of approved providers, the applicant must demonstrate financial soundness. All applicants must check the applicable box and provide any information required for the particular category checked.*

- ☐ Applicant is a **public school district**. The Wisconsin Department of Public Instruction has the 2004 financial audit report conducted on behalf of the school district by an independent Certified Public Accountant (CPA) on file.
- ☐ Applicant is an **existing entity** and has attached as proof of financial soundness a copy of the 2004 financial audit report conducted on behalf of the applicant by an independent CPA.
- ☐ Applicant is a **newly formed entity** and has attached an engagement letter from an independent CPA specifying that the entity is newly formed and a financial audit report will be submitted after one year as an approved provider.

### IV. SIGNATURE

**I, THE UNDERSIGNED, CERTIFY** that the assurances and the enclosed requested information contained within this application have been satisfied and that all facts, figures, and representations are true and correct to the best of my knowledge.

Designated Agent for Provider <b>Print or Type</b>	Title
Signature of Applicant	Date Signed